



The Art of Family Medicine

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The *Annals of Family Medicine* encourages readers to develop the learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club, and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for: Read, Ask, Discuss, Inquire, Collaborate, Act and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care, and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials, and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find



discussion questions and more information online at: <http://www.AnnFamMed.org/AJC>.

CURRENT SELECTION

Articles for Discussion

Haidet P. Jazz and the 'art' of medicine: improvisation in the medical encounter. *Ann Fam Med*. 2007;5(2):164-169.

Brody H. A headache at the end of the day. *Ann Fam Med*. 2007;5(1):81-83.

Discussion Tips

In this Journal Club, we feature 2 essays that provide a springboard for expanding our understanding of the craft of (family) practice. "Jazz and the 'Art' of Medicine" uses examples from jazz to illustrate how improvisation guides the skilled patient visit. "A Headache at the End of the Day," from the January/February 2007 issue of *Annals*, demonstrates a family physician's improvisational style as it unfolds in the course of a visit. Consider obtaining the jazz songs that Haidet references (links to downloads are available in the Supplemental Appendix to the article at [\[AnnFamMed.org/cgi/content/full/5/2/164/DC1\]\(http://AnnFamMed.org/cgi/content/full/5/2/164/DC1\)\) and having them available at your Journal Club meeting. The music will enrich the discussion.](http://www.</p>
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Discussion Questions

- According to Haidet, what are the 3 forms that communication can take?
- What are the potential difficulties in providing patients with communicative space as Haidet describes (eg, through silence, latency, and pace of speech)? What are some solutions to these difficulties?
- Have you developed your own communication style and voice as a physician? What has helped or hindered the process?
- Does the skilled clinician need more than one voice for use with different patients and situations? How do you adapt your voice?
- Do you agree with Haidet that the physician should not be the conversational leader in a patient visit?
- In "A Headache at the End of the Day," when does Brody begin improvising?
- How does Brody encourage multiple voices to join the conversation? How does he manage the conversation so that all voices have the opportunity to be heard?
- How does Brody model the practice of the self-reflective clinician? What are the advantages (and disadvantages) of this approach over the life course of the clinician?^{2,3}
- Do these essays provide information or ideas that you can use in communicating with patients? If so, what?
- What's missing from these essays? What have you experienced in patient visits that would make it difficult to apply these ideas?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4(3):196-197. Available at: <http://annfammed.org/cgi/content/full/4/3/196>.
2. Schön DA. *Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions*. New York, NY: Jossey-Bass Publishers; 1990.
3. Schön DA. *The Reflective Practitioner: How Professionals Think in Action*. London: Avebury; 1991.